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AUTHOR Reed, John C.
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ABSTRACT

A series of sessions were devised to assist nursing home personnel to effectively help residents in nursing homes. Four sessions were scheduled over one month, one week apart. All levels of employees were involved in the series. The sessions were planned so participants had opportunities to practice and discuss the skills taught in each session. The skills taught were attending, responding, planning, and assessing. Pre and post test measured were taken to determine changes in levels of functioning. The results indicated significant increases in the following levels of functioning: acquaintance volume, attitude toward elderly people and themselves, discrimination skills, and responding skills. Positive changes were noted in the participants' attitudes toward their jobs. Also, an increase in level of knowledge concerning biological and psychological changes that occur in the aging process was noted. (Author)

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TEACHING NURSING HOME PERSONNEL TO BE HELPERS

John C. Reed, Ed. D.
Baylor School of Nursing
Dallas, TX 75246

ED154266

PROBLEM:

Most employees in nursing homes at the direct-care level are designated as patient-aides. Patient-aides by in large are individuals that are trained primarily to deliver care to the residents physiological needs of food, water, comfort and cleaniness. The training received by patient-aides is usually received in a brief orientation program devised by the agency where they are employed.

The orientation programs center on how to meet the clients physiological needs and deals indirectly or not at all with the personal problems the residents may encounter. The rationale given once for the lack of emphasis on personal problems of the residents is that - "Oh, that is their personal business and we don't want our employees to get too personal."

The following program was designed to assist nursing home personnel to develop basic skills in helping residents with personal problems. The program was based on the Carkhuff Model and focused on: (1) attending skills, and (2) responding skills.

FORMAT:

The owner of a group of nursing homes arranged for his employees to participate in four three hour training sessions. The sessions were presented one each week over a one month period of time. The sessions were presented twice on each of the four days, in the mornings and in the afternoon. The morning session was given from 9 till 12 for the evening and some of the night shift employees. The afternoon session was given from 4 till 7 for the day employees and some of the night employees.

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The participants were employees from all three shifts from four nursing homes. The participants ranged from the nursing home administrators to the housekeeping staff and cooks. The sessions were presented in a location that was centrally located in order to reduce the travel time required to attend the sessions. The over-all goals for the program was to: (1) have each participant in the program to identify one resident from his work situation to work with throughout the sessions, (2) at the conclusion of each session, assist the participants in applying the skills presented in the session to his resident, and (3) at the conclusion of the program each participant would have a completed graphic record of the resident's progress for the duration of the program.

The first session was designed to: (1) acquaint the participants with the goals of the program and the program presenters, (2) obtain pre-test measures of the participants' level of functioning, (3) provide an opportunity for the participants to become acquainted, and (4) have the participants to choose a resident to work with. At the conclusion of the pre-testing, the participants were given a coffee break before they formed groups.

The participants formed groups according to their work situations to avoid having more than one employee working with a resident at one time. After the participants had picked a resident their task was to bring a written assessment on the resident to the next session.

The written assessment on the resident covered the following items:

<u>PERSONAL DATA</u>:

Resident's name:

Age:

Length of time at agency:

Place of birth:

BRIEF HISTORY:

Profession:

Family:

Special interests:

RESIDENT'S CONDITION:

Physical:

Mental:

Social:

PROBLEM AREAS:

Physical:

Mental:

Social:

In making the assignment, stress was placed on talking with the resident and to not just take the information from the resident's chart.

With the participants in the groups, basic attending and responding skills were presented as methods to use while the participants were talking with the residents. The participants were encouraged to use all the following behaviors during their talking with residents:

1. to maintain a high frequency of eye contact with the resident,
2. to face the resident squarely,
3. to lean slightly toward the resident during the talk,
4. to maintain a relaxed body posture while talking with the resident, and
5. to maintain a comfortable distance for the resident between the resident and the participant.

During the talk with the resident, the participants were also encouraged to be aware of the feelings expressed by the resident.

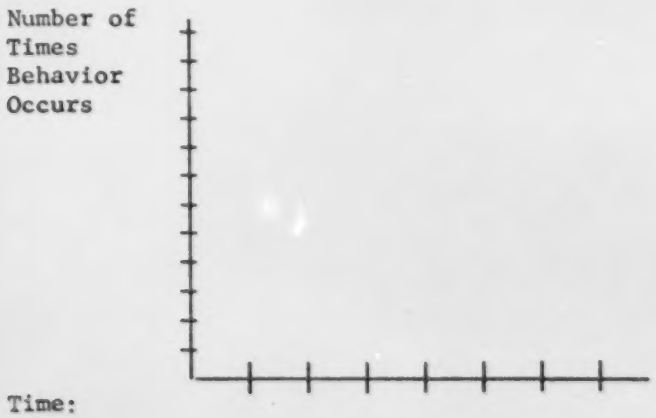
The participants were given techniques to become more aware of how feelings are expressed in both a verbal and non-verbal manner. The participants, in structured situations, practiced the attending and responding skills within the groups. The participants were ask to bring their written assessments of their chosen resident to the next session.

The second session scheduled one week later, was concerned with identifying a problem to work on with the resident and further development of attending and responding skills. The participants, with their completed assessments, picked a particular problem from the problem area to work on with their resident. After a problem had been identified, the participants discussed the problem with the group and picked a behavior exhibited by the resident that was indicative of the problem. When the behavior that represented the problem was described, the participant completed a plan to work on the problem with the resident. The plan devised to work on the problem followed the following format:

SPECIAL PROGRAM FOR: _____(Resident's name)_____

Behavior exhibited:

Graph of behavior:



Graph first measure with a solid line _____

Graph second measure with a broken line - - - - - - - - - - - - -

State when behavior will be observed: (two dates).

State how long behavior will be observed.

State where behavior will be observed.

State who will observe the behavior.

State what you will do to try to change the behavior.

A. How often will you do this?

B. Where will you do this?

During the discussion, each participant was encouraged and prompted to utilize the attending and responding behaviors.

The third session centered on the biological and psychological changes that occur during the aging process. The participants had a coffee break after the presentation of the material, then discussed with the presenter the content of the session and made application of the material to the resident they had identified to work with. The presenter demonstrated the attending and responding skills during the session and reinforced the participants as they demonstrated the skills in their interaction.

The last session of the program was devoted to: (1) the participants presenting the plans and outcomes of the programs that had achieved with their residents, (2) a brief review of the content of the sessions, (3) collection of post-test measures of the participants' level of functioning, and (4) presentation of certificated of completion to the participants.

RESULTS:

The participants in the programs represented four nursing homes. Eighty-four employees participated in the programs. The job titles of the participants ranged from administrator to housekeeping, social director, dietician, nurse, nurse-aide, etc. Twenty-six percent of the participants

had perfect attendance, with seventy percent of the participants able to attend more than half the time.

Evaluation of the program consisted of pre and post testing of the participants in four areas of functioning:

1. Acquaintance Volume Scale:

   A self report of the number and strenght of relationships existing in group. Results indicate degree of psychological and sociological support systems within the group.

2. Attitudes Scale:

   Semantic differentials covering three concepts related to nursing homes:

   A. Elderly people in nursing homes

   B. My job in nursing homes

   C. My self

   Results indicate changes in attitudes related to the three concepts.

3. Discrimination Index:

   A test of the ability of the participants to discriminate between effective helping communication and ineffective communication. Results indicate the probability that the participants will be able to communicate effectively with residents and peers.

4. Knowledge of Aging and Aging Process:

   A test covering various psychological and physiological aspects of aging. Results indicate the degree of knowledge concerning residents which provide a basis for planning and decision making.

The data from the evaluation on Acquaintance Volume Scale is shown in Table I.

TABLE I

ACQUAINTANCE VOLUME OF PARTICIPANTS
BEFORE AND AFTER THE PROGRAM

Time	Degree of Acquaintance Slight - Very Well - Intimately			Chi Square
Before	118	108	5	5.37*
After	116	131	15	

*Significant at the .02 level or better.

The degree of acquaintance among the participants increased at a significant level during the course of the program. The increase in acquaintance among the participants increases the probability that the participants will work together and be more apt to contribute to group problem solving.

Attitudes of the participants before and after the programs are shown in Tables II, III, and IV.

TABLE II

ELDERLY PEOPLE
PARTICIPANTS' RESPONSES
BEFORE AND AFTER THE PROGRAM

Time	Mean	Sum of D^2	t
Before	4.8	4.96	7.50*
After	5.1	8.81	

*Significant at the .05 level or better.

The data indicates that there was a significant change in the participants' attitudes to the elderly. The attitudes change was in a positive direction with the participants reporting that they viewed the

elderly as more happy, worthwhile, active, useful, etc. at the conclusion of the program.

TABLE III

MY JOB IN THE NURSING HOME
PARTICIPANTS' RESPONSES
BEFORE AND AFTER THE PROGRAM

Time	Mean	Sum of D^2	t
Before	5.5	27.23	.88
After	5.8	16.20	

The data indicates that the participants rated their jobs in a more positive manner at the conclusion of the program than at the beginning of the program. The participants indicated feelings of being more valued, interested, satisfied, useful, etc. in their jobs at the conclusion of the program.

The results of the measures related to the participants' views of themselves are shown in Table IV.

TABLE IV

MY SELF
PARTICIPANTS' RESPONSES
BEFORE AND AFTER THE PROGRAM

Time	Mean	Sum of D^2	t
Before	6.0	5.72	4.00*
After	6.6	2.83	

*Significant at the .05 level or better.

The data indicates that the participants registered a significant positive change in regard to themselves. The participants indicated that at the conclusion of the program they regarded themselves as more confi-

dent, helpful, efficient, satisfied, kind, etc.

The participants' increased functioning in discrimination skill (see Table V) indicates improvement in communication.

TABLE V

DISCRIMINATION SKILL INDEX OF PARTICIPANTS
BEFORE AND AFTER THE PROGRAM

Time	Mean	Sum of D^2	t
Before	15.7	810.3	2.09*
After	14.2	389.6	

*Significant at the .05 level or better.

The participants demonstrated skill in making judgements between communication that helps and communication that may hinder or hurt the resident. These acquired skills further assure more effective resident care and working relationships.

The participants' level of knowledge concerning the elderly and the nursing process before and after the program is shown in Table VI.

TABLE VI

PARTICIPANTS' LEVEL OF KNOWLEDGE
BEFORE AND AFTER THE PROGRAM

Time	Mean	Sum of D^2	t
Before	4.2	520.7	.26
After	6.9	316.74	

The data indicates that the knowledge level of the participants concerning biological and psychological changes that occur during the aging process increased.

CONCLUSIONS:

Based on the results, it seems reasonable to conclude that a program designed to teach nursing home personnel to be helpers has positive implications for residents, the participants and the agency. The participants developed a significantly more positive attitude toward the residents. The more positive attitudes toward the elderly, coupled with the significantly increased abilities in communication skills, increases the probability that participants would be more likely to effectively involve the residents in solving the resident's problems.

One of the resident's chosen to be worked with during the program by a participant was constantly interrupting the staff with questions. The staff reported at the beginning of the program the resident was asking questions at the rate of ten per hour. The participant, after exploring the resident's problems, devised a plan with the staff that reduced the questioning of the resident to three questions per shift. The resident reported that he is happier and also is more involved with activities in the home.

The participants has a significant increase in acquaintance volume and significantly more positive concepts of themselves as capable individuals. These significant changes, in conjunction with a more positive response to their jobs, enhance the probability for better working relations among staff as well as efficiency within the home.

Many of the participants reported in the over-all evaluation that they were more actively involved with their peers, residents and jobs. The involvement among the participants was demonstrated by their contributing openly and often to the presentation of clients. Comments, questions and suggestions were given freely as each case was given.

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Human Resource Development Press

Box 222

Amherst, Mass. 01002